

TOWN OF GROTON POLICE DEPARTMENT



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Records Division Telephone: (860) 441-6713

Email: Policerecords@groton-ct.gov

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Request for Police Document(s)

Under the provisions of Connecticut General Statute 1-210 the Town of Groton Police Department may be unable to provide information immediately upon request. A reasonable amount of time will be needed to review and complete a request.

Although every effort will be put forth to supply you with the information requested, please be advised that your request does not guarantee the release of information to you. Statutorily, many factors determine whether or not any part of a case can be released. All police cases must be reviewed and approved by the Investigating Officer's Supervisor prior to release. We appreciate your interest and patience in this process.

Date and Time of Request:		
Date and Time of Request.	Month / Day /Year/Time	
Person Making Request:	First Name / Middle Initial	/I - 4 N
	First Name / Middle Initial	/ Last Name
Date of Birth	E-Mail Address	Telephone Number
	Street / City / State / Zip Code	
Signature of Person Making	Request	

C N 1		
Case Number:	Date Needed:	
		now the date of birth, please estimate.)
Name and Date of Birth of Po		now the date of birth, please estimate.)
Name and Date of Birth of Po	erson(s) Involved (If you do not kn	now the date of birth, please estimate.)

Photographic Identification and Fees incurred are expected upon pick-up
(Cash (small bills), Personal Check, Money Order, Bank Check)
(PLEASE USE REVERSE SIDE FOR ANY ADDITIONAL INFORMATION)